

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/181202</i>	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
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<b>TOTAL IND.</b>									
<b>TOTAL DEP.</b>									
<b>TOTAL CLAIMS</b>									

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AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
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TOTAL IND.	1								
TOTAL DEP.	24								
TOTAL CLAIMS	35								